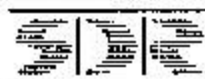




# State of Louisiana

## Statement of Organization



Phc  
1/31

0200978

### FORM 200. STATEMENT OF ORGANIZATION

Committee: Louisiana Credit Union Legislative Action Com^^^

Date filed:  
01/17/2002

STATEMENT OF ORGANIZATION							
1. Name and Address of Committee	2. Date of this Statement 01/17/2002						
Louisiana Credit Union Legislative Action Com^^^ 824 Elmwood Park Blvd Suite 200 Harahan, Louisiana 70123 Check if new committee	3. Estimated Membership 100						
	4. Amended Statement? Yes <input checked="" type="checkbox"/> No						
5. All Committees Officers (including Chairperson, Treasurer, if any, and any other committee officers and directors)							
<table border="1"> <thead> <tr> <th>Position</th> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>Chairperson</td> <td></td> <td></td> </tr> </tbody> </table>		Position	Name	Address	Chairperson		
Position	Name	Address					
Chairperson							
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers or financially supports this committee.) Name Address Relationship to Committee							
7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions) Name Address LA Central Credit Union 824 Elmwood Park, Suite 100, Harahan, Louisiana, 70123							
8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE:							
a. Check one: Principal Campaign Committee <input type="checkbox"/> Subsidiary Committee <input type="checkbox"/>							
b. Name of Candidate	c. Office Sought by the Candidate						
9. Name of Person Preparing Report: Daytime Telephone:							
10. WE HEREBY CERTIFY, that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.							
This 17th day of January, 2002.							
Sidney A. Parfait Signature of Committee Chairperson	504-885-6871 Daytime Telephone Number						

This report was electronically  
filed. Go to electronically  
filed reports to view.

Anne M. Cochran

504-736-3650

Signature of Committee Treasurer, if any

Daytime Telephone Number

**COMMITTEES WITH OVER 250**

\*\*\* No certification was filed. \*\*\*



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